

CALIFORNIA CODES
HEALTH AND **SAFETY CODE**
SECTION 128200-128241

128200. (a) This article shall be known and may be cited as the **Song-Brown Family Physician Training Act**.

(b) The Legislature hereby finds and declares that physicians engaged in **family** practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent **family** physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of **family** physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent **family** physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of **family** physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved **training** of medical students and residents to meet the need for **family** physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong **family** practice program or department. It is the intent of the Legislature that the programs or departments be headed by a **physician** who possesses specialty certification in the field of **family** practice, and has broad clinical experience in the field of **family** practice.

The Legislature further finds that encouraging the **training** of primary care **physician**'s assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the **training** of **family** physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop **family** practice residencies in affiliation or association with accredited medical schools, to help meet the need for **family** physicians in geographical areas of the state with recognized **family** primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and **training** in the specialty of **family** practice and as primary care **physician's** assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care **family physician** services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care **physician's** assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional **training** standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "**Family physician**" means a primary care **physician** who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized **training** in an approved **family** practice residency for three years after graduation from an accredited medical school.

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the **family** practice **training** program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

(c) "Commission" means the California Healthcare Workforce Policy Commission.

(d) "Programs that train primary care **physician's** assistants" means a program that has been approved for the **training** of primary care **physician** assistants pursuant to Section 3513 of the Business and Professions **Code**.

(e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

128207. Any reference in any **code** to the Health Manpower Policy Commission is deemed a reference to the California Healthcare Workforce Policy Commission.

128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care **physician's** assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and **training** in the specialty of **family** practice or in nursing and to maximize the delivery of primary care **family physician** services to specific areas of California where there is a recognized unmet priority need for those services.

128215. There is hereby created a California Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

(a) Nine members appointed by the Governor, as follows:

(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.

(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.

(3) One representative of practicing **family** physicians.

(4) One representative who is a practicing osteopathic **physician** or surgeon and who is board certified in either general or **family** practice.

(5) One representative of undergraduate medical students in a **family** practice program or residence in **family** practice **training**.

(6) One representative of trainees in a primary care **physician's** assistant program or a practicing **physician's** assistant.

(7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.

(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.

(9) One representative of practicing registered nurses.

(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(d) Two representatives of students in a registered nurse **training** program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees,

shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

(a) Identify specific areas of the state where unmet priority needs for primary care **family** physicians and registered nurses exist.

(b) Establish standards for **family** practice **training** programs and **family** practice residency programs, postgraduate osteopathic medical programs in **family** practice, and primary care **physician** assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage **family** physicians, osteopathic **family** physicians, primary care **physician**'s assistants, and primary care nurse practitioners who receive **training** in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for **family** practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on **Family** Practice's "Essentials" for Residency **Training** in **Family** Practice and be approved by the Residency Review Committee on **Family** Practice. Standards for postgraduate osteopathic medical programs in **family** practice, as approved by the American Osteopathic Association Committee on Postdoctoral **Training** for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of **training** designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize **family** practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "**family** practice" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse **training** programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding

of **family** practice programs or departments and **family** practice residencies and programs for the **training** of primary care **physician** assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse **training** programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article. If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the **training** of **family** practice students and residents and primary care **physician**'s assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for **family** practice or primary care **physician**'s assistant or **family** care nurse practitioner **training** that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse **training** pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse **training** that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current **family** practice or registered nurse **training** programs. Institutions applying for or in

receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the **training** of primary health care teams of **family** practice residents or **family** physicians and primary care **physician** assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in **family** practice, and programs that link **training** programs and medically underserved communities in California that appear likely to result in the location and retention of **training** program graduates in those communities. These special programs also may include the development phase of new **family** practice residency, primary care **physician** assistant programs, primary care nurse practitioner programs, or registered nurse programs.

The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care **family** physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency **training** program pursuant to Article 2 (commencing with Section 128250).

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of **family** practice programs or departments, **family** practice residencies, and programs for the **training** of primary care **physician** assistants, primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

(a) Actual placement of individuals in medically underserved areas.

(b) Success in attracting and admitting members of minority groups to the program.

(c) Success in attracting and admitting individuals who were former residents of medically underserved areas.

(d) Location of the program in a medically underserved area.

(e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether **family** practice, primary care **physician** assistant **training** program proposals, primary care nurse practitioner **training** program proposals, and registered nurse **training** program proposals submitted to the California Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, programs that train primary care **physician** assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of **training** undergraduate medical students and residents in the specialty of **family** practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and **training** and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care **family** physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and **training** and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that **training** programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

128240.1. The department shall adopt emergency regulations, as necessary to implement the changes made to this article by the **act**

that added this section during the first year of the 2005-06 Regular Session, no later than September 30, 2005, unless notification of a delay is made to the Chair of the Joint Legislative Budget Committee prior to that date. The adoption of regulations implementing the applicable provisions of this **act** shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, **safety**, or general welfare. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time the final regulations shall be developed.

128241. The Office of Statewide Health Planning and Development shall develop alternative strategies to provide long-term stability and non-General Fund support for programs established pursuant to this article. The office shall report on these strategies to the legislative budget committees by February 1, 2005.